FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J71003

(4)

DON'S PLUMBING, INC.

Principal Place of Business

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



4010 WESTMINSTER DR SARASOTA FL 34241		4010 WESTMINSTER DR SARASOTA FL 34241		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/05/1987	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4247	Bee Ride ROAD	26 4247 BE Suite, Apt. #, etc.	E Ridy Road	59-2815152	Not Applicable
Sulte, Apt. #,		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	-,	6. Election Campaign Financing	\$5.00 May Be
23 9AT #36	oto FL	28 SARASOTA	F1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 34232		29 34272	30 SARASOTA		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
KUERTZ, ARTHUR W 81 1			81 Name		
4347 BERKSHIRE DRIVE SUITE 720			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34241		83		· · · · · · · · · · · · · · · · · · ·
Orac	OOTA TE OFEFT		22		
			84 City	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
SIGNATURE SIG	nature, typed or printed name of registered agos	ot and title if applicable (NO)	E: Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DVST	☐ DELETE	1.1 TITLE		Change Addition
NAME	KUERTZ, DONALD C.		1.2 NAME		
STREET ADDRESS	4010 WESTMINISTER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARTASOTA FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		• •	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
STREET ALLANESS			0.5 STIRL I ADDRESS		

4. Thereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE.

Double C. Kerrit

1-23.98

(941) 377-452